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No additional claim fee is required.						
	An additional claim fee is required, and is calculated as shown below:					
			AMENDE	D CLAIMS	, ,	
,		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		2	20	0	x \$ 50 (1202)	\$
Independent Claims		2	3	0	x \$ 200 (1201)	
☐ If Amendment adds multiple dependent claims, add \$ 360 (1203)						\$
Total Claim Amendment Fee						\$
☐ Sm	nall Entity Status cla	aimed - subt	ract 50% of Tota	l Claim Ame	endment Fee	
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due.					
	Charge to credit card for the fee due. Form PTO-2038 is attached.					
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.					
	Respectfully submitted,					
	BUCHANAN INGERSOLL & ROONEY PC					
Date	August 13, 2007			Liu, Ph.D. tration No.	51283	-